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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/632,348	07/31/2003	Sarah Young	11150/76	3597
26646 7590 01/11/2008 KENYON & KENYON LLP			EXAMINER	
ONE BROAD	WAY	LIANG, REGINA		
NEW YORK, NY 10004			ART UNIT	PAPER NUMBER
			2629	
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			01/11/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)
Interview Summary	10/632,348	YOUNG, SARAH
milerview Summary	Examiner	Art Unit
	Regina Liang	2629
All participants (applicant, applicant's representative, PTO	personnel):	
(1) Regina Liang.	(3)	
(2) Mr. Cliff Ulrich.	(4)	
Date of Interview: <u>12/22/07</u> , <u>12/23/07</u> .		
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)⊡ applicant's representative	:]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.	
Claim(s) discussed:		
Identification of prior art discussed: Franzen U.S. Pub. No.	<u>2003/0179190</u> .	
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)⊠ N	I/A.
Substance of Interview including description of the general reached, or any other comments: <u>The previous office actional issued upon receiving the English translation of PCT/DE01</u>	n mailed 11/27/07 is withdraw /03402 to Franzen.	n, a new office action will be
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that v	reed would render the claims
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPLICANT IS Y DAYS FROM THIS WHICHEVER IS LATER, TO
Examiner Note: You must sign this form unless it is an	Radi	N
Attachment to a signed Office action.	Exáminer's sign	ature, if required

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